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22518 1561 10/24/2008
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APPLICATION NO.	FILING DATE	FIRST NAME OF INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
108023.010	12/17/2001	Barrie Alan Hadfield	60072-8002.11S01	2/64

TITLE OF INVENTION: METHOD AND SYSTEM FOR DOCUMENT COLLABORATION

APPL. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$000	\$0	\$1055	01/26/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS			
NGUYEN, MAIKHANH		2176	715-255060			

1. Change of correspondence address or indication of "Free Address" (37 CFR 1.63). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB-122) attached. <input type="checkbox"/> "Free Address" indication (or "Free Address" Indication form PTO/SB-122; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list: (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
	1. <u>Perkins Coie LLP</u> 2. _____ 3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
 PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: **WORKSHARE TECHNOLOGY, LTD.** (B) RESIDENCE (CITY and STATE OR COUNTRY): **LONDON, UNITED KINGDOM**

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Publication Fee (No small entity discount permitted) <input type="checkbox"/> Advance Order - # of Copies	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) <input type="checkbox"/> A check is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number <u>50-2207</u> (enclose an extra copy of this form).
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5. Change in Entity Status (from status indicated above)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(p)(2).

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Authorized Signature


 Brian R. Coleman

Date **January 14, 2009**

Registration No. **39,145**

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